

**PURPOSE**

To ensure security and confidentiality of protected health information (PHI) by restricting access to hospital electronic medical records (EMR) under specified conditions.

**DEFINITIONS****EMR**

An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within one health care organization.

**HIPAA**

The Health Insurance Portability and Accountability Act of 1996, as amended, and its implementing regulations, as amended.

**Hospital**

An inpatient program operated by the department for the treatment of individuals with serious mental or serious emotional disturbance.

**Medical Staff**

All licensed independent practitioners (medical and osteopathic, physicians, dentists, and psychologists) within a hospital who have been granted such recognition consistent with the hospital's medical staff bylaws.

**Protected Health Information (PHI)**

Individually identifiable health related information that is collected by a HIPAA-covered entity or component and is transmitted by, or maintained in, electronic or any other form or medium. Excludes individually identifiable health information in: (a) education records covered by the Family Educational Rights and Privacy Act (FERPA); and (b) employment records held by the Michigan Department of Health and Human Services (MDHHS) in its role as employer.

**POLICY**

To ensure security and confidentiality of all PHI, access to a hospital's EMR will be granted to hospital-affiliated staff consistent with their employment function(s) and will be strictly limited. Students who are on a clinical rotation within the hospital may be

provided access to the EMR with the authorization of the hospital's chief of clinical affairs, or their designee.

The EMR must be utilized for necessary business, patient care, and treatment-related purposes only. This includes, but may not be limited to:

- Admission and discharge planning.
- Continuing care.
- Review activities.
- Forensic services.
- Patient-related activities as required by the Michigan Mental Health Code.

Documentation within the EMR must be done in compliance with all federal, state, and local laws, hospital procedures, State Hospital Administration (SHA) policies, and applicable medical staff bylaws.

### **Hospital System Access**

Access to the EMR of other [state] hospitals is limited to a hospital's:

- Medical staff.
- Medical records department.
- Social work department including, but not limited to, the hospital's admission/discharge coordinator(s).
- Not guilty by reason of insanity (NGRI) committee (if applicable to the hospital).

### **Appropriate EMR Usage and Approval**

Arbitrary, capricious or malicious access, use, or distribution of EMR information is prohibited. Those involved with unsuitable access to the EMR, or facilitate such prohibited access, are subject to disciplinary and/or legal action applicable to state and federal laws and regulations.

Access to the EMR may be conditionally granted by the hospital's assigned application resource support analyst:

- When the individual has satisfactorily completed mandatory privacy and security training(s) as required by MDHHS, SHA , or the hospital. An individual's access to the EMR may be terminated or restricted should these trainings not be satisfactorily completed.
- Upon approval of the individual's direct supervisor and the hospital's assigned privacy analyst.

**REFERENCES**

- The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009.
- The Health Insurance Portability and Accountability Act of 1996, as amended.
- The National Alliance for Health Information Technology (NAHIT)

**CONTACT**

For more information contact the State Hospital Administration.